

MONTANA BOARD OF BARBERS AND COSMETOLOGISTS
P. O. Box 200513
301 S PARK, 4TH FLOOR (Delivery)
Helena, Montana 59620-0513
(406) 841-2378 FAX (406) 841-2309
E-MAIL: dlibsdcos@mt.gov WEBSITE: www.cosmetology.mt.gov

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.
Please allow 10 days for processing from the date the Board receives a completed routine application

**NO SERVICES CAN BE PERFORMED IN A SALON OR SHOP
UNTIL A SALON OR SHOP LICENSE HAS BEEN ISSUED**

LICENSE REQUIREMENTS:

- ♦ Salon/shop licenses are non-transferable:
 - Upon a change in ownership, the salon or shop must submit a new salon or shop application accompanied by the appropriate fees and a letter from the past owner attesting to the sale and instructing that the license in their name be closed.
 - Upon a change in location, the salon or shop must submit a new salon or shop application accompanied by the appropriate fees

FEES:

- ♦ \$ 50.00 Salon/Shop License Application Fee
- ♦ \$ 100.00 Initial Salon/Shop Inspection Fee

****Make check or money order payable to the Montana Board of Barbers and Cosmetologists****

DOCUMENTS:

The following documents must be submitted with your application:

- ♦ A blue print or very detailed floor plan drawn to scale, indicating the complete layout of the salon to include: the dispensary area, shampoo area, reception area, location of restrooms showing sinks and toilets, stations & chairs, retail areas, sinks, manicuring area, electrology room or area; list dimensions of all floor space and list all entrances and exits
- ♦ **RESIDENTIAL SALONS:** Include in your detailed floor plan all entrances into the salon from the outside and the salon location relative to the rest of your home, including what level, stairs and restrooms facilities are available for client use.

APPLICATION PROCEDURES

- ♦ When the application file is complete, it will be processed by Board staff for temporary licensure. The applicant may be notified if additional information or a Variance Request is required.
- ♦ If a Variance Request is needed processing of the application may be delayed. Variance Requests must be reviewed by the Board during a regularly scheduled Board meeting and may take up to 120 days to process.
- ♦ Keep the Board office informed at all times of any address change, change in license status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.

PROCESSING PROCEDURES

- ◆ Once a complete routine application is received, processing may require up to 10 days to process.
- ◆ The applicant will be notified in writing of any deficient or missing items from the application file.
- ◆ Once a routine application is processed and approved a temporary license will be issued.
- ◆ The temporary license will be valid until the salon/shop has been inspected and approved by a Board Inspector. Once the Board Inspector has approved the salon/shop a permanent license will be issued.

For information regarding the processing of this application or other concerns please contact the Board of Barbers and Cosmetologists staff at (406) 841-2378 or email us at dlibsdcos@mt.gov

PLEASE BE SURE TO REVIEW THE MONTANA LAWS AND RULES FOR THE PRACTICE OF
SALON/SHOPS ON OUR WEBSITE: www.cosmetology.mt.gov

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Application for Licensure for: (All fees are non-refundable and are not pro-rated)

☐ **Barbershop \$50.00 + Inspection Fee \$100.00 = \$150.00**

☐ **Salon - \$50.00 + Inspection Fee - \$100.00 = \$150.00**

☐ **PLEASE CHECK HERE IF THIS IS A RELOCATION**

Please allow 10 days for processing a completed routine application.

1. SALON/SHOP NAME: _____

2. SALON/SHOP ADDRESS: _____
(PHYSICAL ADDRESS) (PO BOX) (CITY) (ST) (ZIP)

3. SALON/SHOP TELEPHONE #: _____

4. BUSINESS TAX ID: _____

5. ESTIMATED DATE OF OPENING: _____

6. OWNERS:

(LAST)	(FIRST)	(MI)	(SS#)	(PHONE #)	(LIC #, IF APPLICABLE)

7. PLEASE LIST ANY OTHER SALONS/SHOP EVER OWNED BY ANY OWNER:

Name of Salon/Shop	License # of Salon/Shop	Location of Salon/Shop	Is salon/shop still open
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

8. HAS THIS LOCATION PREVIOUSLY BEEN LICENSED AS A SALON OR SHOP? ☐ Yes ☐ No

If yes, please indicate: _____
Name of Previous Salon/Shop Name of Previous Salon/Shop Owner

9. IS THE SALON/SHOP LOCATED IN A: ☐ Commercial Building ☐ Residential Building

10. Does the salon/shop have hot and cold running water connected to a sewage system within the confines of the salon? ☐ Yes ☐ No
11. Does the salon/shop have a public restroom facility available within the confines of the salon/shop? If no, please obtain, complete and submit a variance request with this application. ☐ Yes ☐ No
12. Does the salon/shop have a separate sink (or shampoo bowl) in the work area other than the sink in the restroom? ☐ Yes ☐ No
13. Does the salon/shop have mechanical ventilation that changes air 4 times per hour for the entire cubic square feet of the salon? ☐ Yes ☐ No
14. Does the salon/shop have at least one wet covered sanitizer? ☐ Yes ☐ No
15. Does the salon/shop have at least one covered soiled linen container? ☐ Yes ☐ No
16. Does the salon/shop have at least one covered garbage container? ☐ Yes ☐ No
17. Does the salon/shop have at least one closed dust free cabinet to store clean towels? ☐ Yes ☐ No
18. Is all of the flooring in the salon/shop work, dispensary and restroom areas non-porous (not carpeted)? ☐ Yes ☐ No
19. Does the salon/shop have liquid soap dispensers available for hand washing? ☐ Yes ☐ No
20. Does the salon/shop have single service towels or workable air blowers available for hand drying? ☐ Yes ☐ No
21. Is (will) the NIC Blood spill procedure posted in public view? ☐ Yes ☐ No

IF THE SALON/SHOP IS LOCATED IN A RESIDENCE:

22. Does the salon/shop have a separate outside entrance directly into the salon? ☐ Yes ☐ No
23. Is the salon/shop separated from any living quarters? ☐ Yes ☐ No
24. Do clients need to walk through the residence to reach the restroom? ☐ Yes ☐ No

IF THE SALON/SHOP IS OFFERING ELECTOLOGY SERVICES:

25. Does the salon/shop have a high frequency generator or galvanic generator or electrolysis machine? ☐ Yes ☐ No
26. Does the salon/shop have disposable pre-sterilized needles in various sizes or an autoclave for sterilization? ☐ Yes ☐ No
27. Does the salon/shop have covered containers for all lotions, soaps and cotton to be used on clients? ☐ Yes ☐ No
28. Does the salon/shop have fine pointed epilation forceps? (4 each) ☐ Yes ☐ No
29. Does the salon/shop have draping sheets or towels? (6 each) ☐ Yes ☐ No

IF THE SALON/SHOP IS OFFERING MICRODERMABRASION SERVICES:

31. Has the licensee who is offering microdermabrasion services received an endorsement from the Board? ☐ Yes ☐ No
32. Has the microdermabrasion machine that is being used for the services been approved by the Board? ☐ Yes ☐ No
33. Has any owner ever voluntarily surrendered, cancelled or forfeited your license or temporary operating permit? If yes, attach a detailed explanation. ☐ Yes ☐ No

34. Has a licensing agency ever taken adverse or disciplinary action against any of the owners or their license? If yes, attach a detailed explanation. ☐ Yes ☐ No
35. Has a complaint ever been made against any owner alleging unethical behavior, or unprofessional conduct? If yes, please explain? ☐ Yes ☐ No
36. Has any owner ever had a license or temporary operating permit denied, revoked or suspended? If yes, attach a detailed explanation. ☐ Yes ☐ No
37. Has any of the owners ever forfeited or surrendered their license(s) or temporary operating permit(s)? If yes, attach a detailed explanation. ☐ Yes ☐ No
38. **Have you enclosed all required documents that are listed on pages 2 and 3 of this application?** ☐ Yes ☐ No
39. What are your days/hours of operation? _____

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Cosmetologists.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the licensing laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application. **For multiple owners of the salon, please have all partners, corporate officers or multiple owners sign the application.**

Legal Signature of Applicant

Date

Legal Signature of Applicant

Date

Legal Signature of Applicant

Date

Legal Signature of Applicant

Date

Subscribed and sworn to by me this _____ day of _____, _____

at _____
City/State

Notary Public

SEAL

City/State

My commission expires _____, _____.

